

EFFECT OF SOCIOECONOMIC STATUS AND CULTURAL FACTORS WITH VARIOUS UNSUCCESSFUL REPRODUCTIVE OUTCOMES

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ABSTRACT

The study was conducted in bagger region of Haryana state. It was carried out in 30 villages of hisar district. The sample for the present study comprised of 1200 respondents of which 300 were teenaged mothers and corresponding number of their husbands (n=300) and their parents-in-law (mothers-in-law and fathers-in-law (300 each). The study was conducted to find out the influence/impact of socio economic factors i.e. age (yrs.) at marriage reproductive outcomes. The data were collected using self-structured, pretested interview schedule with the help of rural people. The study revealed that the rate of unsuccessful conceptions decreased considerably with increase in age at marriage. A teenage mother (9.19%) has an experienced induced abortion for female infanticide and their educational level up to primary to matric (10th) level.

KEYWORDS: Socioeconomic Status, Cultural Factors, Unsuccessful Reproductive Outcomes

Received: Jan 08, 2016; **Accepted:** Jan 20, 2016; **Published:** Feb 03, 2016; **Paper Id.:** IJEEFUSFEB201613

INTRODUCTION

Progress of a nation can be measured by the progress of its woman folk. Although the ages, woman have contributed immensely to the enrichment of culture and progress of civilization without getting due recognition for there contribution, human progress will be sustainable only if the mutually reinforcing effect of the status of woman of population growth, poverty and environment deterioration is fully appreciated and conscious attended to.

Two probable reasons behind the explosive growth of population in India have been (a) the norm of small family has not yet reached to many and (b) the high fertility rate of woman specially in rural areas persisting high fertility, despite the considerable decline in mortality, is the main cause of the continuing high rate of growth of India population change in fertility depends on several factors. Apart from the biological factors such as fertility, adolescent sterility, incidence of secondary sterility and age at menopause, fertility level also depends on several demographic, economic, prosocial and cultural factors such as age at marriage, education and economic status of the couples, size and sex prominent factor through which socio economic and cultural factors changes can affect fertility at marriage, post partum, infertility and induced abortion (pathak 1987). The health situation of the rural people was neglected. Infant mortality is 120 per 1000 live births which is ten times higher than in developed countries sixty per cent of all children below the age of five are malnourished shed and fifty percent are under weight. Maternal mortality is also much higher than in developed countries. Only thirty percent the population receive primary health care services.

MATERIALS AND METHODS

The study was conducted out in the state of Haryana that has been divided in to five cultural pockets (punia 1989) viz. bagar khaddar, Mewat, Ahirwat and nardak sample was drawn from randomly selected 30 villages from all blocks (Adumpur, Barwala, hanshi-1, Hansi-2, Hisar-1, Hisar-2 Narnaund and uklana) that fall in the Baggar region of dist. Hisar. The criteria of sample selection was purposive based on the family should be of bagger region of Haryana state, low socio-economic status, teenage mother and at list one child of any age. The duration of marriage should be between 1-3 year and parents-in-law should be staying with the teenaged mother. From the prepared list three hundred teenage mothers and three hundred their husbands were randomly selected on the basis of above selection criteria. To study the influence of socio economic factors i.e age at marriage, educational status and cultural factor such induced abortion, preference for son with reproductive behaviour, self structured interview schedule was used. Frequency, percentages, mean standard deviation and z test were used to draw inferences.

RESULTS AND DISCUSSIONS

Date presented table 1 depicted that the mean age of teenage mothers at the time of marriage was found to be 18.98 year (\pm SD.07) and that of their husbands being 23.86 year (\pm SD 2.13) it clearly shows that the age difference between husband and wife on average was approximately 5 years. It is also evident from table that the mean duration of marriage was found to be 1.30 year.

Table 1: Percent Distribution of Teenage Mothers and their Husbands by their Age at Marriage

Sr. No.	Teenage Mothers			Husbands of Teenage Mothers		
	Age (Years) at Marriage (Age Range)	Mean Age (\pm SD)	N (%)	Age (Years) at Marriage (Age Range)	Mean Age (\pm SD)	N (%)
1	17 (16.500-17.499)	16.98 (\pm 15)	11(3.66)	21 (20.500-21.499)	20.96 (\pm 0.10)	20 (6.66)
2	18 (17.500-18.499)	18.11 (\pm 28)	72.00 (24.00)	22 (21.500-22.499)	22.02 (\pm 0.18)	70 (23.33)
3	19 (18.500-19.499)	18.98 (\pm 0.07)	217.00 (72.33)	23 (22.500-23.499)	23.03 (\pm 0.06)	19 (6.33)
				24 (23.500-24.499)	23.86 (\pm 2.13)	191 (63.33)

Table 2 showed that teenage mothers who were married at early age (17,18and19years) experienced 100%, 74.71% and 66.66% of unsuccessful conceptions respectively. Thus percentage experience of child loss was found to decrease with increase in age at marriage of teenage mothers. As a result of this couples who experience child loss at early stage of child bearing are hypothesized to practice family planning in smaller proportions. Cent percent of teenage mother with 17 year of age at marriage had on average 3.0 still birth. The above observation can be strengthened by the fact that the couples who suffered the loss of child in their early child bearing years remained apprehensive of child loss in the future which thus encouraged them to conceive reading even after their desired number of children have been born. This depicted that the child death itself decreased the birth canal. Further data in the

Table 2 showed that 50% of teenage mother married at 17 years of age experienced still birth and rest of them experienced spontaneous abortion 25% child death below one month (25%). Percentage (6.15 to 27.05%) of child induced

abortions was found to be increased in age at marriage (18-19 year) of teenage mothers respectively and 9.19% of teenage mothers had experienced induced abortion for female infanticide and their educational level up to primary to matric (10th) level. Teenage mothers who have experienced successful pregnancies (58.61%). Majority of them had experienced premature and caesarian live birth below the age of 19 years. Only 17.88% of deliveries took place at a hospital/health center. As it clear from this table that most of deliveries took place at home, conducted by untrained birth attendants and under unhygienic condition.

Table 2: Percentage Distribution of Various Unsuccessful Reproductive Outcomes' of Teenage Mothers (n=300) by their Age (years) at Marriage

Sr. No	Age (Yrs) at Marriage of Teenage Mothers	Duration of Marriage at % (Mean±SD)	%Age of Successful Conceptions	%age of Unsuccessful Conceptions	Unsuccessful Conceptions				Statistical Significance of Difference: Z test	
					Spontaneous Abortions	Induced Abortions	Prenatal (still Birth)	Postnatal Died Below One Month		
									US	S
1	17 11(3.66)	1.91±.30	0	32 (100)	8 (25)	--	16 (50)	8 (25)	1.93	---
2	18 72 (24)	1.30±0.36	44(25.28)	130 (74.71)	84 (64.61)	8(6.15)	---	38(29.23)	0.027	3.10 **
3	19 217(72.33)	1.89±0.17	146 (33.33)	292 (66.66)	139 (47.60)	79 (27.05)	---	74 (25.34)	2.58*	7.66 **

* Significance at level 0.01

** Significance at level 0.05

CONCLUSIONS

Further it can be observed that the reach of the health services is inadequate, compelling people to rely solely on local medicine men, traditional healers. By and large, folk beliefs and practices dominate maternal and child health. After birth, the new born is put on bed and covered with an old cloth. It is not bath and breast feed or given any thing. Breast secretion of the initial days is considered as oozing of body filth which accumulates during nine mouths of pregnancy. Moreover, the lactation does not immediately start. The result got support from the research of watanaba (1992), Gupta (1996) and Rajamanickm (2001) who confirmed that about 500000 maternal deaths take place every year in the world. Of this, a fourth is estimated to take place in India i.e. about 125000, all of these deaths occurs following complication of pregnancy and child birth. Teenage mothers give birth to a high proportion of low weight babies and experience greater foetal loss than their order counterparts.

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